

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-6-04.

## I. DISPUTE

Whether there should be reimbursement for CPT Codes 99082, 99213, 95851, 99090, 97750-FC, 97545 and 97546 from 5-6-03 through 7-25-03.

## II. FINDINGS

In an e-mail dated 4-8-05 the requestor withdrew dates of service 3-31-03 through 5-5-03 and all items denied for medical necessity. Therefore, the file contains unresolved medical fee issues only. CPT codes 97545 and 97546 were also withdrawn by the requestor in a letter dated 7-6-05. The Division shall proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On 6-9-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. These medical fees are discussed in Section III.

## III. RATIONALE

CPT code 99082 – unusual travel - was denied as “219 - This service does not normally warrant a charge.” Per Rule 134.6 the Medical Dispute Resolution Division does not have jurisdiction to address this service. This service is addressed in the local field office.

CPT code 99213 on 5-6-03, 5-7-03, 5-9-03, 5-12-03, 5-14-03, 5-20-03, 5-23-03, 5-27-03, 5-28-03, 5-29-03, 5-30-03, 6-2-03, 6-3-03, 6-5-03 and 6-10-03 was denied by the carrier as “214 – the charge exceeds the scheduled value and/or time parameters that would appear reasonable.” Per Medicine Ground Rule I. A. 8. “Re-evaluation of the patient shall be allowed no more than once every two weeks. DOP is required if this evaluation is performed more frequently.” These services extended for six weeks. No DOP was provided by the requestor. Recommend reimbursement for three dates of service. **Recommend reimbursement of \$144.00 (\$48.00 X 3 DOS).**

Regarding CPT code 99213 on 5-15-03 and 5-19-03: Neither the carrier nor the requestor **provided EOB's**. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's per rule 133.307(e)(3)(B). Per Medicine Ground Rule I. A. 8. “Re-evaluation of the patient shall be allowed no more than once every two weeks. DOP is required if this evaluation is performed more frequently.” These services extended for six weeks. No DOP was provided by the requestor. **Reimbursement for three dates of service was recommended above.**

CPT code 95851 on 5-13-05 was denied as “217 – the value of this procedure is included in the value of another procedure performed on this date.” Per the 1996 Fee Guidelines this service is not global to another procedure. **Recommend** reimbursement of \$36.00.

CPT code 99090 on 5-13-05 was denied as “217 – the value of this procedure is included in the value of another procedure performed on this date.” Per the 1996 Fee Guidelines this service is not global to another procedure. **Recommend** reimbursement of \$108.00.

CPT code 97750-FC on 5-22-05 and 7-14-03 was denied as “281-FCE’s are allowed a maximum of three times for each injured worker.” Per Medicine Ground Rule I. E. 2. a. “FCE’s shall be reimbursed at \$100 per hour for a maximum of five hours (\$500.0) for the initial test and two hours (\$200.00) for an interim and/or discharge test. **Recommend reimbursement of \$700.00.**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) listed above in the amount of **\$908.00** Pursuant to 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay for dates of service 5-6-03 - 7-14-03 as outlined above for the unpaid medical fees:

- in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

The above Decision and Order are hereby issued this 7<sup>th</sup> day of July, 2005.

Medical Dispute Resolution Officer  
Medical Review Division

MDR Tracking #: M5-04-2899-01